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ABSTRACT

Chronic pain occurs most frequently in the elderly. Unfortunately, most pain clinics are located in large urban areas and are not readily accessible to the rural elderly. Recent advances in behavioral medicine have provided pain relief techniques that can be used by a wide variety of professional and paraprofessional workers who do not have sophisticated training in psychology. A program was developed which could apply those techniques to the elderly and which could deliver the treatment to rural clients in their homes. The program was tested on 45 community dwelling rural elderly persons with osteoarthritis. At different points in the project, 11 subjects served as a placebo group and were given an educational program concerning osteoarthritis combined with wellness activities, and 10 subjects served as no treatment controls. The experimental group of 24 subjects received semantic behavior therapy consisting of a combination of imagery and relaxation exercises for the relief of chronic pain. Subjects who received treatment reported significant reduction in pain, especially in the extent to which it interfered with their life. They also showed improvement in overall psychological adjustment, morale, and coping ability following treatment. (NB)

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HOME DELIVERY OF PAIN THERAPY TO ELDERLY PATIENTS

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Paper presented at the American Society on Aging, San Diego, March, 1988.

INTRODUCTION

Most pain clinics are located in large urban centers and are not readily accessible to rural senior citizens. This situation is especially critical since chronic pain occurs most frequently in the elderly.

Fortunately, recent advances in behavioral medicine have provided pain relief techniques that can be used by a wide variety of professional and paraprofessional workers who do not have sophisticated training in psychology. This presentation describes a program which applies those techniques to the elderly and which has the unique component of delivering the treatment to rural clients in their homes.

PROGRAM

Clients

The individuals in this program consisted of 45 community dwelling rural elderly with osteoarthritis of the knee, who had no other serious health or cognitive problems. Their ages ranged from 62 to 92 with an average of 70 yrs. Average income for all subjects ranged from $12,600 - $14,199. The mean Duncan Scale rating for occupation was 45. At different points in the project 11 of the subjects served as a placebo group and were given an educational program concerning osteoarthritis combined with a variety of wellness activities and 10 of the subjects served as no treatment controls. At the conclusion of the project the placebo group received four weeks of the experimental therapy and the control group received six weeks.

Therapy

The basic technique used for the relief of chronic pain was Semantic Behavior Therapy derived from Arthur Staats' paradigmatic behaviorism. The therapy consisted of a combination of imagery and relaxation exercises. The main difference between this approach and traditional imagery and relaxation approaches is the emphasis on the client's self control and a dynamic interaction between the client and therapist. Attention to the clients' attitudes and feelings as well as their cognitive states is also a central focus of Semantic Behavior Therapy. Further both therapist and self reinforcement are critical to this approach. Specifically, the client's attitudes and feelings about their pain was assessed. Following this the therapists elicited a hierarchy of pleasant images from the client. The client was then taught relaxation

procedures. After the client was in a state of relaxation the therapist introduced the images generated by the client. Frequent images included their gardens, favorite fishing spots, and sights and sounds associated with various seasons of the year. Not only did the therapist use the clients' own images, but kept the imagery going by using cues from the client rather than passively feeding them images.

The initial stage of treatment consisted of basic training in the techniques. The next phase of treatment was consolidation and transfer where the clients learned to apply the techniques to their everyday life. Briefer forms of relaxation by recall and differential relaxation during normal activities were taught at this time. In addition goals and objectives concerning activities that the person would like to do, but could not engage in because of their pain, were set up. In addition, while strong therapist reinforcement of the client was an important aspect of all phases of treatment, at this point the client was taught self reinforcing skills. From the very first session homework assignments involving the techniques themselves were given and later the assignments also involved activities that helped attain the goals which the clients had set up for themselves. The last phase was followup where the clients were on their own and were visited occasionally by the pain therapists. Length of therapy was six months, six weeks or four weeks.

Service Delivery

A unique aspect of the therapy was that it was delivered to the clients in their homes. The therapists received a number of clients for whom they were responsible and set up home visit appointments at the mutual convenience for the clients and themselves.

Training

The therapists were advanced undergraduates in psychology with a variety of backgrounds. Some had no experience with the elderly and others were nurses or nurses aides who had considerable experience with both the elderly as well as patients suffering chronic pain. All had either one undergraduate course in behavior modification or counseling and psychotherapy. The average number of training hours was 40. The training consisted of reading and discussions of the rationale for the therapy, as well as the therapy techniques themselves and assessment instruments. Audiovisual training tapes and role playing were the primary means of instruction.

RESULTS AND DISCUSSION

All of the subjects reported significant reduction in pain especially the extent to which it interfered with their life. They also showed improvement in overall psychological adjustment, morale and coping ability.

While a minimum six month period of treatment which includes one month of basic training, three months of consolidation and two months of follow up is recommended, significant improvement in all areas was found for subjects who received only four weeks of treatment.

Common problems sited by the therapists were scheduling, weather and adapting to working in the home situation with the distraction of such things as pets, grandchildren and telephone interruptions.

Benefits of the home visitation included clients' appreciation that someone came to their homes. This was true not only of the subjects who lived in relative isolation, but also of those who led busy lives and had many family and community contacts. Particularly close relationships were built up between the therapists and clients. Further many of the clients could not have participated in the project if they had to travel to receive the therapy.

IMPLICATIONS

The therapy and delivery system can be used by public health nurses and outreach workers who normally have home contacts with the elderly. The therapy does not require a sophisticated background in psychology. The main requirements are good communication skills, a caring attitude toward and understanding of the elderly, and a brief training period. Workers, who can deal with scheduling and transportation problems as well as with the difficulties of working in the home on a regular basis, would be especially qualified to use this type of delivery system. Another possible application of this approach is in the training of students in gerontology. In this particular program students were used quite successfully. Not only did the clients benefit, but the students made gains in their understanding of the elderly. In a written survey which asked the students to rate the extent to which work in the project affected their attitudes toward the elderly on a scale of 1 to 10, with 1 being negative and 10 being positive, 80% made ratings of 10 and 20% ratings of 9.

Further, while control of chronic pain was the object of this program, semantic behavior therapy has been applied in many areas of stress reduction and this objective could also extend to work with the elderly.